### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level
0172	1	Miles City Elem		09	EL
Proposed Restricte	d Indirect Cost Rate _	% (Rd	ound to nearest hundr	edth (X.XX%) of	f a percent.)
	emplete and submit with submitted for the elem ral of your rate.				
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and correc				
Signature of District	: Superintendent or B	oard Chairperson	Street Address o	r P.O. Box	
Printed Name of Aut	bharinad Official		1604 Main Street	7:-	· Cada
Printed Name of Aut	morized Official		City	21,	Code
			Miles City	59	301
Title			Date		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:					
Approved Rate for FY2004  Date Approved					
			Signature		

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level
	2	Vinahan Elam			EI
0173	3	Kircher Elem		09	EL
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)
	emplete and submit with submitted for the elemeral of your rate.				
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
I declare that the fore	going is true and corre	ct.			
	Superintendent or B		Street Address o	r P.O. Box	
			Route 1 Box 2352		
Printed Name of Aut	horized Official		City		Code
			-		301
Title			Miles City  Date	59.	301
Title			Date		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:					
Approved Rate for FY2004  Date Approved					
			Signature		

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0177	13	Trail Creek Elem		09	EL	
Proposed Restricte	Proposed Restricted Indirect Cost Rate% (F			edth (X.XX%) of	f a percent.)	
	omplete and submit with submitted for the elem ral of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			HC 80 Box 18	1		
Printed Name of Aut	thorized Official		City	Zip	Code	
			Ismay	59	3369701	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Ap	proved Rate for FY20	Date Approved				
			Signature			

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0179	16J	Spring Creek Elem		09	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Rc	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
	omplete and submit with submitted for the elem ral of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
D. ( 10)			HC 80 Box 18	1		
Printed Name of Aut	thorized Official		City	Ziţ	Code	
			Ismay	59	336	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004  Date Approved						
Signature						

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0182	38	Cottonwood Elem		09	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)		
	mplete and submit with submitted for the elem al of your rate.						
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.							
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
			HC 80 Box 18				
Printed Name of Aut	horized Official		City	Zip	Code		
			Ismay	593	336		
Title			Date				
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Approved Rate for FY2004			Date Approved				
			Signature				

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0184	43	Moon Creek Elem	Moon Creek Elem		EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)		
	mplete and submit with submitted for the elem al of your rate.						
This is to certify that I knowledge and belief:	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.							
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
Printed Name of Aut	horized Official		Box 1262 City Zip Code				
			Miles City	-	301		
Title			Date	I			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:							
Approved Rate for FY2004			Date Approved				
			Signature				

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

0187     63     Kinsey Elem     09       Proposed Restricted Indirect Cost Rate	EL				
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a					
	a percent.)				
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A sapplication should be submitted for the elementary and high school district. A copy of this certification returned upon approval of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
I declare that the foregoing is true and correct.					
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box					
HC 46 Box 396					
Printed Name of Authorized Official City Zip	Code				
Kinsey 593	38				
Title Date					
Sand completed form to:					
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:					
Approved Rate for FY2004  Date Approved					
Signature					

#### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0189	83	S Y Elem		09	EL	
Proposed Restricte	Proposed Restricted Indirect Cost Rate% (F			edth (X.XX%) of	f a percent.)	
	emplete and submit with submitted for the elem ral of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
Printed Name of Aut	horized Official		HC 40 Box 6592 City	7ir	o Code	
Timed Name of Au	inonzea omeiai		Miles City	-	301	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0190	86	S H Elem		09	EL	
Proposed Restricte	ed Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
	omplete and submit with submitted for the elem ral of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	: Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
Printed Name of Aut	thorized Official		214 N Cottage  City  Zip Code		Code	
			Miles City	-	301	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED A	ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:					
Approved Rate for FY2004			Date Approved			
			Signature			

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0192	1	Custer County H S		09	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
	omplete and submit with submitted for the elemeral of your rate.					
_	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			1604 Main Street			
Printed Name of Aut	horized Official		City	Ziı	o Code	
			Miles City	59	301	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			